DOKING IN THE MITTOR MEN AND RECOVERY FROM SEXUAL ABUSE

BY JARAD W. PLATT



Before you read this article, allow me to lead you through a brief experiential exercise. Divide a piece of paper into four sections that you can tear into separate pieces when instructed. Write your answers, one each, in the four sections:

- Describe a possession of high value to you (i.e., a piece of jewelry, a family heirloom, a lock of hair).
- Write down your most closely guarded secret. It could be something you may have shared with a trusted friend, therapist, or spiritual counselor.
- Write down your favorite physical characteristic, such as the shine of your hair, the health of your body, the tone of your skin, or the sparkle of your smile.
- Write down the name of a person with whom you share a fulfilling and intimate relationship.

Now, go to the end of this article on page 7, to "Exercise," and follow the instructions. Do not read ahead.

This exercise likely elicited feelings that approximate the shame, anxiety, fear, and self-loathing that male survivors of sexual trauma experience daily. As a facilitator for survivor support groups in Farmington, Maine, I work with many men who have been deeply traumatized by sexual abuse. In these groups, I help men address these feelings in a world that doesn't give males permission to do what is essential to recovery—feel and express emotions.



The Challenges to Helping Men

The numbers of men

who report having been sexually abused varies by study—anywhere from one in twelve to one in six.¹ It can be reasonably said, however, that for most male victims of sexual abuse, recovery is either never started or is stalled after initial attempts to begin the healing process. Before reaching out to men, victim service providers need to understand the formidable barri-

ers that men must overcome to enter into

Inability to Experience and Express Emotions

the recovery process.

Societal mores, social structure, peer expectations, and genetic imprinting all factor into men's traditional difficulty identifying or describing emotions. This is particularly true of the "non-masculine" emotions such as sadness, fear, anxiety, and tenderness. A little girl who falls and starts to cry is quickly picked up and soothed by her parent, with comforting words and hugs. A young boy who falls and starts to cry is encouraged not to cry, told he is OK, and rewarded with a smile and told that he was such a good big boy for not crying.

Most men have a hard time identifying and experiencing emotions. What can't be experienced in a cognitive manner will often be suppressed. Suppressed emotions appear as distortions. Fear becomes anxiety, panic, or phobia. Grief may present as remorse, guilt, self-pity, or depression. Love can become possessiveness, selfishness and aloofness.²

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People who have little or no connection to their emotions often don't know what they are feeling, and have no way to communicate how they feel.

Gender Role Expectations

Being abused runs counter to the masculine ideal in our culture. Society is more comfortable seeing men as strong, tough and in control, and encouraging them to be these things. Males are expected to be protectors. Men who have been abused are perceived as not having these attributes and, therefore, not viewed as "real men." The abuse, through no fault of their own, has made them appear weak and ineffective.

Remember the difference in consolation the little girl and the little boy received? Society discourages men from feeling emotions, talking about feelings, or crying. They are taught to hide fear, and if they don't are called "sissy" or "baby." *Take it like a man* becomes a mantra for the modern man.

Further complicating matters is the pervasive attitude that abuse of males is not traumatic. Female to male sexual abuse is often seen as "he got lucky." Male to male abuse is often ignored or considered consensual experimentation.

Homophobia

The majority of pedophiles abusing boys are heterosexual men, who also are often in adult heterosexual relationships.³ Since males perpetrate the majority of abuse against males, the question of sexual orientation looms large among victims: "Am I gay or will others think I am gay?"

Whether or not sexual abuse changes one's sexual orientation is the subject of much debate. It has been my experience working with victims for over a decade that it does not. It is clear that, because so many males are abused during their sexual awakening period, male-to-male abuse does significantly confuse the orientation issue. Homosexual men may blame their sexual attraction to other men on the abuse, denying their true orientation. Heterosexual men may worry that they are gay and act out with "super-macho" behavior. Both situations create homophobia, internalized and externalized.

The answer to "Am I gay?" is that it truly doesn't matter. What matters is that a man gains healing and self-acceptance.

Exacerbated Sense of Shame for Allowing and "Enjoying" the Abuse

Most men believe and accept the male gender role expectations that are thrust upon them. The expectation that a man must be strong and self-protective leaves males in anguish because they "allowed"

SURVIVE

Why am I alone in this hell? Trapped in behind this cold dark wall?

Who constructed it?

Did I?

Did they?

Each day my mind Bombarded By the memories.

Some long ago.

Some in the dust of just a few years. Things I cannot share, words I cannot utter.

Chained By the shackles of guilt, Gagged By the horror of the truth. Unable to clear my mind. Or cleanse my soul.

My Body racked by the scars of war, Enemies unseen by those that surround my wall,

Those unable to fathom my hellish existence.

For them and their sake I don the mask.

And say the words they want to hear, To keep them in their comfort zone; Lest they too attack me with their sharp words.

For they are always there to take, And give what I cannot receive. No hands of kindness can reach me. No words can heal me because they have not truly seen me.

And on and on it goes. This lot in life.

I fester in the dark alone...

(Jim wrote this poem early in his recovery process.4 See Jim's Story on this page.)

the abuse to occur. They have an intense belief that they should have prevented it from happening.

Many male survivors report active participation in the sexual activities taught them by their abusers. They feel horrific guilt and shame because they were stimulated, often to the point of orgasm. They may not understand that the male physiology is particularly responsive to physical stimulation, and that the emotional and developmental state of a child or adolescent did not allow them to actually make their own choices.

Substance Abuse and Sexual Abuse

Drug, alcohol, sexual, and food addiction affect many men who have been sexually abused. The use of substances to medicate emotional pain can be a major issue when dealing with untreated trauma, and the treatment of the addiction(s) must be concurrent with the treatment of the trauma.

It's important to recognize that persons entering substance abuse recovery may start remembering sexual abuse after years of repressing the memory, or start attaching intense feelings to the abuse. It is important to recognize that substance abuse may be a victim's only coping skill, and he may need to develop new skills to be able to stop the behavior. Victims do not need to be substance free to initiate the recovery process, although it is appropriate to require victims to be sober when you are working with them.

Jim's Story

Jim entered the Male Sexual Abuse Survivors group suffering from severe depression, hallucinations, and agoraphobia. He had attempted suicide many times. After a year, he was able to tell his story.

Jim's father raped him when he was five. He soon started cutting himself to relieve the emotional pain. When he was seven, his father was imprisoned for the abuse, only to resume abusing him when released from prison two years later. At 13, Jim's mother began sexually abusing him for a period of 3 years.

Jim left home at 16, supporting himself as a male prostitute and making pornographic films. He participated in gay sex and self-identified as homosexual. He used drugs and alcohol abusively. He entered the Army at age 18, continued to abuse alcohol and drugs, married at 20, and fathered four children. After leaving the Army, Jim worked as a truck driver for 20 years.

In his early 40s, Jim was hospitalized after a series of suicide attempts. He was diagnosed with bipolar disorder, multiple personality disorder, and posttraumatic stress disorder. He stopped using alcohol and street drugs, but continued cutting himself for emotional relief.

Jim was referred to SAFE in Chicago (an inpatient program for people who self-mutilate), and returned to the program once more for additional help. He has not cut himself for nearly two years

For Jim, recovery has been a slow, painful process, but he has proven to be a survivor. He is functioning well and continues to gain awareness and develop coping skills.

process that allows them to disconnect from male gender role expectations.

Normalizing is one example of such a process. To normalize traumatic events, one must associate with others with the same experience. In a group of other survivors, victims can speak about other-

- Law enforcement professionals treat male sexual victims with dignity and respect. While these professionals most often are fair and respectful, there are still too many victims who are retraumatized by public servants.
- Programs in schools and other public facilities receive funding to encourage behavioral changes, such as anti-bullying campaigns, volunteer work and social activism. Male and female children must be encouraged to express feelings appropriately, not suppress them.
- More men's trauma recovery groups are available. Running groups at less than full capacity may be necessary to establish the service's availability.
- Healing professionals, social service agencies, and hospitals are made aware of men's groups so that appropriate referrals are made.
- Healing professionals provide a safe, non-judgmental environment for their clients. Do not assume your clients will tell you about abuse. Ask gently if they have a history of sexual abuse.

overcome their natural reluctance to seek help from the criminal justice and mental health communities.

Recovery Through Normalizing

Most men have a difficult time entering recovery, often denying the abuse or refusing to see how it has affected their lives. The first step is recognizing a need for and being willing to accept help. In many cases, their lives must become totally unmanageable, or their feelings so uncomfortable or painful, before they take the first step.

Healing from sexual trauma involves expressing and re-experiencing the feelings of shame, vulnerability, fear, guilt, and powerlessness — the "non-masculine" feelings. Most men need to go through a

wise forbidden topics, such as sex with other men, inappropriate sex with women, and feelings about the abuse, then and now. Hearing other men speak about their own abuse experiences allows victims to feel accepted, without fear of judgment or ridicule. They have finally found other people they can relate to in a meaningful and healing way.

Reaching More Male Victims

To reach male sexual abuse victims we must help men overcome their natural reluctance to seek help from the criminal justice and mental health communities. To encourage this process, we must ensure that:

1 Holmes, William C., and Slap, Gail B. (1998). "Sexual Abuse of Boys Definition, Prevalence, Correlates, Sequelae, and Management." JAMA. 280: 1855-1862. Researchers found eight to 16 percent of general male population had a history of sexual abuse, and that boys at highest risk were younger than 13 years, nonwhite, of low socioeconomic status, and not living with fathers. Perpetrators tended to be known, but unrelated, males.

2 Harris, Maxine and Fallot, Roger D. Men's Trauma Recovery and Empowerment Model (M-TREM): A Clinician's Guide to Working with Mail Trauma Survivors in Groups. Washington, DC: 2001.

3 Cooper-White, Pamela. Counseling Practices and Misperceptions. The Lutheran Theological Seminary at Philadelphia, May 2002.

4 Victim's name has been changed. Poem used with his permission.

Exercise

- 1. Look at the answer you gave for your most valued possession. Let yourself fully understand and feel why this is important to you. Now, imagine that, through no fault of your own, this possession has been taken away and is no longer yours. Tear the answer from the sheet of paper and rip it to shreds.
- 2. Look at (or think about) your secret. Now, carefully tear this piece from the sheet of paper, imagine you are reading this as a front-page headline in your local newspaper today. Destroy the piece in any manner you wish.
- 3. Tear off the piece of paper identifying your most pleasing physical characteristic. Erase, cross out or smudge your answer. Imagine your pleasing characteristic being compromised, losing its appeal, changing shape, or losing luster—whatever would take away your pleasure in it.
- 4. Crumple your most valued relationship and throw it into a waste receptacle. This relationship is over. The person is no longer in your life.
- 5. Think about how you are feeling now. Go back to the point in the article where you left off and continue reading.

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Helpful Resources

Self-Abuse Finally Ends (S.A.F.E.) Alternatives, a trauma sensitive treatment program for self-injurers, (800) 366-8288.

National Organization on Male Sexual Victimization (NOMSV), P.O. Box 2098, New York, NY 10116; www.malesurvivor.org.

Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse by Mike Lew; New York: HarperCollins.

Male Rape, from National Center for Victims of Crime Get Help Series, www.ncvc.org/Infolink/Infolink_frames2.htm. Call Victim Services Helpline at 1-800-FYI-CALL or email at gethelp@ncvc.org.

Male on Male Rape by Michael Scarce; New York: Insight Books.

Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues.

Treatment Improvement Protocol Number (TIP) 36; Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, DHHS Publications, 1-800-729-6686.